

District of Lake Country

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PREMISE AND ASSEMBLY INFORMATION										
Name of Pro	emise:					Address:				
Type of Premise:						Location of Assembly:				
Assembly Details: Manufa		cturer:			Model:					
Serial No).			Size:					
Assembly Type:					Orientation: 🗌 H 🗌 V					
TEST DATA			□New	enlacer	ent - (Serial # of replaced device:)					
Line Pressure at Time of Test:					Test Equipment: \Box Diff \Box Dup \Box S.T.					
									•	
		Reduced Pressure Assemblies					Pressure Vacuum Breaker			
Apparent PSID:			k Assemblies	Relief Valve		Buffer (A-B = C)		Air Inlet	Check Valve	
	1 st Check (A)		2 nd Check	(B)		(C)	-	Opened at Psid	Pressure Drop Psid	
Initial Test	□ Closed Tig	sed Tight 🛛 Closed		Opened at		Deid	Daid			
				Psid		Psid		Opened Fully Did not Open	☐ Closed Tight ☐ Leaked	
	🗆 Leaked	ked 🗌 Leake		Failed		Failed				
Test After Repair	□ Closed Tig	sed Tight 🛛 Closed Tight		Opened at		Psid			□ Closed Tight □ Leaked	
				Psid				Opened Fully Did not Open		
	🗆 Leaked		🗆 Leaked	□ Failed		🗆 Failed				
Air Gap Inspection: Required minimum air gap separation provided: 🗆 Yes 🖾 No Purveyor:										
CERTIFICATION										
Initial Test Date: (yy/mm/dd)			Testin			g Company:				
Repair Test Date: (yy/mm/dd)		F			Phone Number:					
Water Service Restored:			🗆 Yes 🗆 No		Name	Name of Tester: (print)				
					Test I	Test Equipment Calibration Date:				
Comments:										
I certify that I have tested the above assembly and that it meets the performance requirements outlined in the AWWA										
Canadian Cross Connection Control Manual and/or the Canadian Standards Association – CAN.CSA B64.10.										

Signature of Tester

Certification Number

S:\Engineering\5600 Water Supply & Distribution\18 Cross Connection Control\Backflow Assembly Test ReportV2.docx

